

**U.S. ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK**

PLEASE READ AND CAREFULLY FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE SF-86.

Note that the SF-86 is very complicated and that the instructions printed on the form ARE NOT COMPLETE. PLEASE CAREFULLY READ AND FOLLOW THESE ADDITIONAL INSTRUCTIONS. The following information is important to remember as you complete the form:

1. All persons completing the SF-86 need only provide information back seven (7) YEARS, with the exceptions noted below which require you to provide information going back ten (10) years.

Item 9-Residences
Item 10-Schools
Item 11-Employment
Item 12-References
Item 21-Medical
Item 22-Discharges
Item 23-Police Record
Item 29-Court Actions

2. The SF-86 form may be printed in black ink. Any corrections (scratch through, whiteout, writeovers) must be initialed. Your form will be returned if corrections are not initialed.
3. It is essential that addresses and telephone numbers be complete on the original form, as well as on the additional copies you are asked to supply. That is, street number, street name, city, state and zip code. Telephone numbers must also be complete with area codes. DO NOT abbreviate names of cities, streets, etc. An abbreviation commonly used locally by residents of a city is not necessarily recognizable nationwide.
4. There must be NO GAPS in time in your employment history or listings of the places you have lived for the past ten (10) years. (They really mean this; if the information isn't there, our headquarters will return the forms.) DO NOT FORGET TO INCLUDE ANY PERIODS OF UNEMPLOYMENT along with the name address and telephone number of the person who can verify this.
5. If you really do not know and cannot find the answer to a question, write out "I CANNOT FIND" or a similar message. Otherwise, it appears you forgot the question. **On a separate sheet you must explain why you cannot find this information.**
6. EVEN IF THE SF-86 SAYS YOU MAY LEAVE A CERTAIN QUESTION BLANK, DO NOT! If the question does not apply to you, type in "N/A."
7. Four copies of this form (SF-86) are needed. Each copy must have an original signature on pages 9 and 10.

Attachment sheets should be used to answer completely the information asked for. Be sure to reference each category by its number and name. Also, include your name and social security number on the top of each page. If you wish to complete your continuation sheets on a word processor, please make sure that the printing is dark enough to photocopy.

THE SUPPLEMENTAL INSTRUCTIONS BELOW CORRESPOND TO THE NUMBERED CATEGORIES LISTED ON THE FORM SF-86

ITEM 8 CITIZENSHIP: Include the date (month, day and year), place (city and state) and United States District Court of Naturalization if you are a naturalized citizen.

ITEM 9 WHERE YOU HAVE LIVED: All residences lived in for the past ten (10) years must be listed. If residence is in an apartment complex, the name of the complex and specific apartment number. For residences in the past five (5) years, if the residence is rented or leased, list the name, address and phone number of the owner or manager and the name of the individual in whose name the rental agreement or lease was established. Addresses must be complete including street number, street name, city, state and zip code.

ITEM 10 WHERE YOU WENT TO SCHOOL: List the schools you have attended beyond Junior High School, beginning with the most recent (#1) and working back ten (10) years. If all of your education occurred more than ten (10) years ago, provide the requested information for your last education above high school, no matter when that education occurred. Continue to list all college or university degrees. If a general equivalency diploma was obtained, the state which issued it should be noted. If you attended school within the last three years, list professors, instructors, or others who are familiar with you and provide their complete addresses and phone numbers. List any vocational, professional or technical schools you have attended. List the month and year you began and ended schooling at each educational institution. List degree, diploma, certificate etc., received. If you received no such degree, indicate "NONE." If you did not graduate from high school, list the general type of high school courses that you completed, i.e., commercial, secretarial studies, etc. Include complete addresses for all schools, including street number, street name, city, state and zip code.

ITEM 11 YOUR EMPLOYMENT HISTORY: List all employment in the last ten (10) years, full or part time, in chronological order (starting with current employment). All supervisors must be listed for each employment, including their telephone numbers with area codes. Be sure complete addresses including street number, street name, city, state and zip codes, are provided for each employment and job listed. If employment is with the government or some other large organization show the department, bureau, division and section or specific subdivision. This is particularly important for individuals who have had numerous assignments within the military, government, large corporations or institutions. If you are a member of a military reserve component or National Guard Unit,

list the organization, its location, and name of your immediate superior officer and the officer's telephone number. **INCLUDE ALL PERIODS OF SELF-EMPLOYMENT AND UNEMPLOYMENT.** Provide names, addresses and telephone numbers of persons who can verify all periods of unemployment or self-employment, such as individuals employed by you, landlords, friends, roommates, competitors, or clients.

NOW, DOUBLE CHECK WHEN YOU HAVE FINISHED THIS SECTION to be sure that all periods of time are accounted for during the past ten (10) years, as instructed! DO NOT LEAVE ANY GAPS IN TIME!!!

ITEM 12 PEOPLE WHO KNOW YOU WELL: Three different references, whose combined association with you covers as well as possible the last ten (10) years, must be listed, even though the form only asks for three. Provide complete home or work addresses, (street number, street name, city, state and zip code) and home and business telephone numbers (including area codes) where they can be reached during the day. References should reside in the continental United States. Do not list APO, FPO or Post Office Box addresses.

ITEM 13 YOUR SPOUSE: If your current spouse is foreign-born, PART B OF THE OFI FORM 36 MUST BE COMPLETED. If married, widowed or divorced, give full name, date (month, day and year) and place of birth (city and state) of spouse or former spouse(s). Include wife's maiden name. Give date (month, day and year) and place (city and state) of marriage and divorce.

ITEM 14 YOUR RELATIVES AND ASSOCIATES: If any family members (e.g., your parents, father and mother in-law, siblings, and/or children) or associates are foreign born, OFI FORM 36 MUST BE COMPLETED. For all persons listed, full dates of birth (including month, date and year), places of birth (city and state) and complete addresses including street number, street name, city, state and zip codes should be listed. If relatives or associates reside overseas, indicate if they are with the military. Do not list APO, FPO or Post Office Box addresses.

ITEM 15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES: Complete per this item's directions.

ITEM 16 YOUR MILITARY HISTORY: Complete per this item's directions.

ITEM 17 YOUR FOREIGN ACTIVITIES: Complete per this item's directions.

ITEM 18 FOREIGN COUNTRIES YOU HAVE VISITED: This includes even short trips to Mexico or Canada, but do not duplicate material already included in items 9, 10, and 11. Put in your answer or type "NONE."

ITEM 19 YOUR MILITARY RECORD: Complete per this item's directions.

ITEM 20 YOUR SELECTIVE SERVICE RECORD: If applicable, your selective service registration number must be filled in. You may obtain this number by calling (847) 688-6888.

ITEM 21 YOUR MEDICAL RECORD: Name and address of mental health

professional(s) consulted and the dates for which you were treated, within the last ten (10) years, should be provided.

ITEM 22 YOUR EMPLOYMENT RECORD: Provide information for the last ten (10) years.

ITEM 23 YOUR POLICE RECORD: Provide information for the last ten (10) years. You should attach a separate sheet to provide full details regarding any arrests, charges or convictions. You may omit traffic violations for which you paid a fine of less than \$150 (unless the violation was alcohol or drug related). All other incidents must be included even if they were dismissed or you merely forfeited collateral. For any fines incurred, proof of payment (canceled check or receipt) must be submitted.

ITEM 24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY: Complete per this item's directions.

ITEM 25 YOUR USE OF ALCOHOL: Complete per this item's directions.

ITEM 26 YOUR INVESTIGATIONS RECORD: Complete per this item's directions.

ITEM 27 YOUR FINANCIAL RECORD: Provide information for the last seven (7) years. List any accounts placed for collection, defaults, judgments or repossessions of property due to any financial obligations you may have or had even if you have taken care of them. Provide the complete name and address of the business bringing this action, the date (month, day and year), account number and provide a brief explanation of the circumstances. If you have ever filed for bankruptcy, list the date (month, day and year), location (city and state) or court and number.

ITEM 28 YOUR FINANCIAL DELINQUENCIES: Provide information for the last seven (7) years. List any accounts meeting the criteria in questions A and B even if you have taken care of them. You should provide a brief explanation of the circumstances and, also, evidence that your debts were satisfied or a copy of the agreement you have reached with the creditor(s) to satisfy your debts.

ITEM 29 PUBLIC RECORD CIVIL COURT ACTIONS: Provide information for the last ten (10) years.

ITEM 30 YOUR ASSOCIATION RECORD: Complete per this item's directions.

WHAT IF YOU DO NOT HAVE ALL THE INFORMATION REQUIRED?

It may be that you do not have all addresses, phone numbers, zip codes, etc., which are required. You need to make an effort to get as much of the information as you possible can. Check phone books, zip code directories; call relatives or friends; check your personal papers. If you are still unable to get everything, **DO NOT LEAVE ANY ITEM BLANK OR INCOMPLETE**. Provide an explanation. If the answer to one of the items is "I CANNOT FIND," please indicate such, so the FBI/OPM will know that you did not just forget to complete the item.

If you still have questions related to the completion of the SF-86, please contact your servicing Human Resources Specialist.

YOU MUST SIGN PAGES 9 AND 10 OF THE SF-86 AND ASSURE THAT YOUR ORIGINAL SIGNATURE IS ON THE ADDITIONAL COPIES REQUESTED. ALSO, YOU MUST SIGN THE "AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION" LOCATED AT THE END OF THIS FORM.